PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

· (Column 1) (Column 2)								SMALL'ENTITY TYPE			OTHER THAN OR SMALL ENTITY.		
I	TOTAL CLAIMS		1COID!	Toolonar 17		1000111121				—] □		ENTITY,	
1					ļ		1	RATE		┩`	RATE	FEE	
	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	OR	BASIC FEI	770.00	
TOTAL CHARGEABLE CLAIMS			5	minus 20=		•		XS 9=		OR	XS18=	.	
INDEPENDENT CLAIMS				minus 3 =				X43=		OR	X86=		
Ľ	MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER		
4-21-05 (Column 1			(Column			(Column 3)	, .	SMALL	. ENTITY	OR	SMALL		
ENTA		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 47	Minus	-30	3	.		X\$ 9=		OR	X\$18=		
AME	Independent	6	Minus		7			X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+145=		OR	+290=		
								TOTAL		ÖR ,	TOTAL ADDIT, FEE	•	
	3/9/0 6 (Column 1) (Column 2) (Column 3)							•		-	•		
INT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	ſ	RATE ·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
TOME	Total	1.47	Minus	- 5	0	= 0	Ī	X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	. 6	Minus	***	7	= O.	_	X43=.		OR	X86=		
_	FIRST PRESE	ENTATION OF M	ULTIPLE DEI	PENDENT C	MIAJ			+145=		OR	+290=	·	
								TOTAL DIT. FEE			TOTAL		
	(Oaluma 4)								. •	. A	DOIT. FEEL	·	
	`	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	Ţ,	RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	1	-	1	(\$ 9=		OR	X\$18=	,	
	Independent .	•	Minus	***		#	-	K43=			X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	-		OR			
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OFFICE THE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OFFICE THIS PAID IN THIS SPACE IS LESS THAN 3, enter "3."										OR A	TOTAL DOTT. FEEL		
		nber Previously Paid ber Previously Paid					•	•	opriate box	iń colur	nn 1.	l	
						·							